_		01 1 1			X	
Born	In	Cleveland	Profession .	YES		NO

## THE CLEVELAND MUSEUM OF ART FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE MAY 8 to 111NF 16 1963

E R N L Y Y P E	Collaborator if a	ny		ArtistBer	_ Artist Berard G. Donatucci			L AST NAME		
FATT	Address 2099 Abington Rd. Cleveland						Tel. <u>GA 1</u> _0821			
P I O	NO.	STREET	CITY	ZONE	COO	NIT				
Please enclo	se Registration	Fee of \$2:00 (	Check or Money Order) with	n Entry Blank						
NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE		TITLE		MEDIUM	CLASS	DO NOT WRITE II	N	
1	8	P.O.R.	Ceram-ic Pot			Clay	7	6186	A	
	\$	2001								
		-								
	MAY 8 to J  WAY 10 to J  W	MAY 8 to JUNE 16, 1963  Collaborator if a  Address  Out—of—town residents shou  Please enclose Registration  NUMBER FOR NUMBER IN  EDITION	MAY 8 to JUNE 16, 1963  Collaborator if any  Address  2099 Abingto  No. STREET  Out—of—town residents should state whether  Please enclose Registration Fee of \$2:00 (  NUMBER FOR NUMBER IN EDITION (Graphic Prts.)	Collaborator if any  Address 2099 Abington Rd. Clevelan  No. STREET CITY  Out-of-town residents should state whether return shipment is required.  Please enclose Registration Fee of \$2.00 (Check or Money Order) with SALE EDITION (Graphic Prts.)	MAY 8 to JUNE 16, 1963  Collaborator if any	MAY 8 to JUNE 16, 1963  Collaborator if any  Artist  Berard G. Don  FIRST NAME  Address  Address  NO. STREET  CITY  COUL  Out—of—town residents should state whether return shipment is required.  Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank  NUMBER FOR NUMBER IN PRICE  TITLE  TITLE	MAY 8 to JUNE 16, 1963  Collaborator if any  Artist Berard G. Donatucci  FIRST NAME  FIRST NAME  Address 2099 Abington Rd. Cleveland 6 Ohio Cuyahoga  NO. STREET CITY ZONE COUNTY  Out—of—town residents should state whether return shipment is required. YES NO  Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank  NUMBER FOR NUMBER IN EDITION (Graphic Prts.)  MEDIUM  MEDIUM	MAY 8 to JUNE 16, 1963  Collaborator if any  Artist  Berard G. Donatucci  First NAME  Address  Address  Address  No. Street  CITY  COUNTY  Out-of-town residents should state whether return shipment is required.  Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank  NUMBER FOR NUMBER IN PRICE  TITLE  MEDIUM  CLASS  MEDIUM  CLASS	MAY 8 to JUNE 16, 1963  Collaborator if any  Artist  Berard G. Donatucci  FIRST NAME  LAST NAME  Address  2099 Abington Rd. Cleveland 6 Ohio Cuyahoga  Tel. GA 1-0821  Out-of-town residents should state whether return shipment is required. YES NO  Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank  NUMBER FOR NUMBER IN PRICE  TITLE  MEDIUM CLASS  DO NOT WRITE II THESE COLUMNS  Out-of-town residents Pris.)	

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Berard D. Norotucci

Cash 5 1963